

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2					1	
3					1	
4					1	
5					1	
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7					1	
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45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.	5		5		6	
TOTAL DEP.	7		4		8	
TOTAL CLAIMS	12		9		14	

*	IND.	*	IND.	*	IND.	DEP.
51						
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100						
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TOTAL DEP.						
TOTAL CLAIMS						